



## COUNTY OF LOS ANGELES

### CHIEF INFORMATION OFFICE

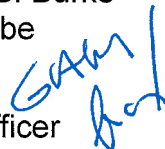
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September 22, 2006

To: Mayor Michael D. Antonovich  
Supervisor Zev Yaroslavsky, Chair Pro Tem  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Don Knabe

From: Jon W. Fullinwider   
Chief Information Officer

Subject: **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA) STATUS REPORT**

The purpose of this report is to provide a quarterly report on County compliance activities with the HIPAA Transaction and Code Sets (TCS) Rule and Security Rule following their compliance deadlines that were October 16, 2003 and April 20, 2005, respectively. The Auditor-Controller is responsible for monitoring and auditing ongoing County department compliance with the HIPAA Privacy Rule following its compliance deadline of April 14, 2003 and is submitting a separate semi-annual status report to your Board.

Under the HIPAA rules and regulations, the County declared itself a "hybrid covered entity" and identified four County departments as covered components that must implement and comply with the provisions of HIPAA. They include:

- Department of Health Services (DHS)
- Department of Mental Health (DMH)
- Department of Probation's Kirby Center
- Sheriff Department's Pharmacy

Only DHS, DMH, and Probation's Kirby Center are subject to TCS Rule regulations, while all four departments were determined to be subject to Security Rule regulations.

The Department of Public Health (DPH) was established as an independent department effective July 1, 2006. During the next reporting period, the question of DPH being required to be designated as a covered component under HIPAA will be investigated. If the conclusion is reached that DPH is subject to HIPAA Rules, a Board letter will be developed to update the County's designated covered components.

The following provides a summary of the County's HIPAA TCS and information security remediation activities and key TCS and Security Rule compliance issues. In addition, attached are two charts providing detailed information on County departments' TCS compliance status by transaction (Attachment A) and County department status for remediation of the findings that were identified during the required risk analysis process that was completed in November 2005 (Attachment B).

## **Summary**

### TCS Rule

County departments' progress towards achieving full TCS compliance continues to be largely governed by the pace at which the State of California (State) implements new TCS transactions.

The Department of Health Services (DHS) through its claims processing clearinghouse, Accordis, is continuing to submit HIPAA-compliant Medi-Cal inpatient claims to the State. They are currently using revenue codes based upon agreements reached with the State governing TCS processing. On August 25, 2006, the State indicated that the target date to convert the outpatient claims to be HIPAA compliant will be March 31, 2008. DHS will contact the State during November 2006 in order to obtain an updated status on their conversion plans. DHS is continuing efforts internally to expand the use of HIPAA-compliant transactions with other trading partners.

The Department of Mental Health (DMH) has been meeting monthly with DHS and Accordis regarding three DHS hospitals that continue to use the legacy MHMIS to plan for the transition to the Integrated System (IS). DMH plans to migrate these hospitals after implementation of Change Request 48, (aka IS 2.0) the consolidation of the Clinical and Administrative modules within the Integrated System. The deployment date of IS 2.0 is October 30, 2006. DMH also anticipates Pacific Clinics (the one remaining legal entity still using the MHMIS) to transition to the IS in January 2007.

Beginning the week of August 28, 2006, DMH began sending HIPAA-compliant claims to the State for FFS outpatient services. DMH will still pay providers based on the legacy FFS system while they compare the remittance advice from the State to the remittance advice from the legacy FFS system over a couple of payment cycles. If they are consistent and reliable, DMH will transition to paying FFS providers based on the 835 remittance advice transaction from the State and discontinue making provisional payments based on the legacy FFS system.

### Security Rule

The Security Rule required that reasonable and appropriate safeguards be implemented to protect the confidentiality, integrity and availability of electronic protected health information (EPHI) by the established compliance date (April 21, 2005). Affected departments are making continued progress to comply with the Security Rule, and are

developing solutions to each of the issues that were identified in the Security Risk Analysis report that was submitted by Fox Systems under County contract.

The Security Risk Analysis, which identifies and assesses risk (administrative, physical, technical) exposure to EPHI in the affected departments and provides recommendations to reduce risk to a reasonable and appropriate level, was completed in November 2005. Overall, the risk analysis validated that all the affected departments could be considered partially compliant with the Security Rule requirements. However, the analysis identified an initial total of 540 security risks or gaps between the Security Rule requirements and current practices. An additional 301 risks were identified based on reviews at the Department of Public Health Programs and Services for a total of 841 issues.

All of the covered components have developed remediation plans addressing the administrative, physical and technical gaps that were identified in the Security Risk Analysis and have submitted their plans to the Chief Information Security Officer (CISO). Continued progress is being made and the CISO is tracking progress on a weekly basis.

## **TCS Compliance Issues**

### Department of Health Services

- **HIPAA-Compliant Medi-Cal Outpatient Claims.** Accordis, the DHS vendor clearinghouse, is submitting HIPAA-compliant Medi-Cal inpatient claims to the State using appropriate HIPAA-compliant UB-92 revenue codes based on agreements reached with the State. On August 25, 2006, the State indicated that the target date to convert the outpatient claims to be HIPAA compliant will be March 31, 2008. DHS will contact the State during November 2006 in order to obtain an updated status on their conversion plans.
- **HIPAA-Compliant Encounter Records.** The Office of Managed Care (OMC), DHS hospitals and Accordis worked closely with LACare to submit HIPAA compliant encounters from our DHS facilities to OMC which are subsequently sent to LACare. In June 2006, the Outpatient 837I transactions were fully tested and went into production. In July 2006, the Inpatient 837I transactions were fully tested and went into production. In August 2006, Accordis provided OMC with all encounter data from August 2004 to current. Accordis continues to work with DHS on establishing an HL-7 connection so that the data transfer process can be expedited and enhanced.
- **Inpatient Mental Health Services Claiming.** Accordis is now sending production files electronically for Harbor/UCLA's outpatient claims to the IS. Accordis is still testing Harbor's inpatient claims. Another management meeting with representatives from DMH, Harbor/UCLA and Accordis was held on July 27 to continue discussions on HL-7 EDI transmissions of non-HIPAA transactions such as client and episode information and the transition of the three remaining hospitals to become HIPAA compliant. The three DHS hospitals still utilize the legacy Mental

Health Management Information System (MHMIS), which is non-HIPAA compliant, to submit mental health services claims for both Medi-Cal and County reimbursement. As stated previously, the implementation date for IS 2.0 is October 30, 2006. The three hospitals will be phased-in each month thereafter. We have a tentative roll out schedule beginning in November 2006. Beginning in November, however, depends on the successful implementation of IS 2.0

Department of Mental Health and Kirby Center

**HIPAA-Compliant Medi-Cal Outpatient Claims.** DMH is current in submitting Medi-Cal claims for outpatient services from the IS and there is no backlog of 835 (remittance advice) transactions from the State. DMH and Sierra are current with processing files received from the State.

Providers are able to enter data into the IS and successfully process their claims. There have been very few providers who have needed focused technical assistance.

On July 1, 2006, the DMH achieved 100 percent compliance with our Fee for Service (FFS) contract providers in submitting claims through the IS, either electronically using EDI or by Direct Data Entry (DDE). As stated previously, DMH began sending FFS Medi-Cal to the State in HIPAA compliant format beginning the week of August 28, 2006.

**HIPAA-Compliant Medi-Cal Inpatient Claims.** The DMH and Sierra continue to submit Medi-Cal claims for inpatient services from Harbor-UCLA Medical Center directly from the IS to the State on a bi-weekly basis. DMH and Sierra are current with processing inpatient files received from the State.

**HIPAA Compliant Medicare Claims.** HIPAA-compliant Medicare claims submitted to the National Health Insurance Company are also current and there is no backlog of Medicare claims waiting processing.

**Integrated System Improvements.** Testing of modification to the IS under Change Request (CR) 48 (aka IS 2.0) is progressing as planned and DMH is now testing Release 4, which is the final release before data conversion. The State has made changes to its Client and Services Information System (CSI) data reporting requirements that were not in the original scope of CR 48. In order to accommodate these changes, the deployment date for CR 48 has been moved from October 1, 2006 to October 30, 2006. Sierra and the DMH Project Team hold weekly meetings to discuss the progress of development, testing releases, and resolution of issues. The IS 2.0 Oversight Committee meets monthly to discuss progress and to resolve issues that require management level intervention.

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The DMH has not received a definitive response to our request to the State Department of Health Services to prorate Medi-Cal claims greater than six months old but less than 12 months old, as is done for physical health claims. The State and DMH have, in the absence of a final resolution of this issue, agreed that DMH will begin submitting claims greater than six months old but less than 12 months old to the State in a separate batched file so that they can be held and time-stamped while the details of the agreement are being worked out.

Should you have any questions, please call me at (213) 974-2008 or Greg Melendez, Acting Chief Deputy, at (213) 974-1710.

JWF:GM:ygd

Attachment

c: Department Heads  
Chair, Information Systems Commission

**Los Angeles County  
Summary HIPAA Transactions and Code Sets Status**

Attachment A

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
<b>DHS Hospitals and Associated Clinics</b>	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)		Inpatient - Yes Outpatient - No	Inpatient - Yes Outpatient - No	Accordis (DHS Clearinghouse) is submitting Medicare inpatient and outpatient 837 claims using approved HIPAA-compliant Transaction Code Sets (TCS) information reflective of all-inclusive rate revenue codes. Accordis is submitting HIPAA-compliant Medicare non-hospital 837 claims to the Fiscal Intermediary (NHIC).  Accordis is submitting HIPAA-compliant inpatient Medi-Cal claims with "from" service dates beginning February 1, 2004 through the Medi-Cal Fiscal Intermediary (EDS). On August 25, 2006, the State indicated that the target date to convert the outpatient claims to be HIPAA compliant will be March 31, 2008. We will contact the State during November 2006 in order to obtain an updated status on their conversion plans.
	Health Care Claim (837I) Outbound	Outsource to Clearinghouse (Accordis)				DHS is submitting HIPAA 837 encounter data, via its clearinghouse (Accordis) to OMC. The encounter data submitted is consistent with the data required by the SDHS in processing inpatient Medi-Cal fee-for-service claims and claims submitted to other health plans. OMC and Accordis worked closely with LACare to submit HIPAA compliant encounters from our DHS facilities to OMC and subsequently to LACare. In June 2006, the Outpatient 837I transactions were fully tested and went into production. In July 2006, the Inpatient 837I transactions were fully tested and went into production. In August 2006, Accordis provided OMC with all encounter data from August 2004 to current. Accordis continues to work with DHS on establishing an HL-7 connection so that the data transfer process can be expedited and enhanced.
	Remittance Advice (835)	Outsource to Clearinghouse (Accordis)				Effective June 23, 2005, the Medicare fiscal intermediary began sending the remittance advice (RA) data in the HIPAA-compliant format. For HIPAA security reasons, the RA information is transmitted by the contracted vendor to Health Services Administration (HSA) and stored on a server. The facilities retrieve the RA information from the HSA server.
		QuadraMed Affinity/Provider Advantage 270/271				The County utilizes the State's Point of Service (POS) system, as well as other systems (e.g., Provider Advantage VeriLink, etc.) for obtaining Medi-Cal eligibility information. For business purposes, DHS has installed the necessary software at all facilities to process HIPAA-compliant 270/271 transactions (i.e., Provider Advantage VeriLink). The VeriLink software is in production and HIPAA-compliant 270/271 transactions are being processed to various third party payors including Medi-Cal and Medicare. The Department has met the State's November 20, 2004 "go live" date for processing HIPAA-compliant 270/271 transactions.
<b>DPH Public Health Clinics</b>	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)				The administrative code sets were implemented as scheduled on October 16, 2003. Claims with service dates of September 22, 2003 and greater were submitted to the State and have been adjudicated.  With regards to the implementation of national code sets, the State has not provided instructions on how to convert the local revenue codes to national codes. Therefore, until the information is received from the State, the clearinghouse vendor, Accordis, is unable to comply with HIPAA TCS regulations. Testing for format has been completed with the State and Accordis has received notification that it passed all format testing.
	Remittance Advice (835)	Paper				No change to existing process.
<b>DPH Alcohol and Drug Programs Administration</b>	Health Care Claim (837) Outbound	Custom coded front-end upgrade to capture the HIPAA data elements. Accordis, a clearinghouse, will process the actual transaction.				DPH Alcohol and Drug Programs Administration (ADPA) is submitting HIPAA-compliant 837 claims transactions to the State Department of Alcohol and Drug Programs (SADP) through its clearinghouse vendor, Accordis.
	Health Care Claim (837) Inbound	Paper				No change to existing process.
	Remittance Advice Outbound (835)	Paper				No change to existing process.
	Remittance Advice Inbound (835)	Paper				No change to existing process for the time being. The State has not provided a date by which they will implement a HIPAA-compliant remittance advice (835) transaction.



Los Angeles County  
Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS Office of Managed Care (OMC)	Health Care Claim (837) Inbound	Vendor (HMS) modifying PMS to accept HIPAA compliant claim transactions from out-of-plan providers.				OMC is accepting HIPAA-compliant 837P transactions from non-County providers via a clearinghouse (DDD), LASON and Accordis.
	Health Care Encounter (837) Inbound	Interface engine software being installed to feed the OMC Data Warehouse. Using clearinghouse (DDD) to translate incoming proprietary format from non-County providers to HIPAA-compliant 837 format.				OMC is accepting HIPAA-compliant 837P transactions from non-County providers via a clearinghouse (DDD), LASON and Accordis.
	Health Care Encounter (837) Outbound	Data extracted from Data Warehouse will feed translator software to produce HIPAA compliant transactions.				CHP is fully compliant on the submission of non-County provider transactions via a clearinghouse (DDD). No negative impact on business processes or revenue flow is anticipated.
	Remittance Advice (835) Outbound	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				The X.12 835 transaction is certified by Claredi, but it has not been tested with trading partners and no trading partner has requested remittance advice information in electronic format. OMC is currently providing 835 equivalent information on paper to its trading partners. HIPAA compliance is a non-issue until a switch is made to an electronic transaction. No negative impact on business processes or revenue has occurred.
	Health Care Enrollment and Disenrollment (834)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				
	Premium Payment Order/ Remittance Advice (820)	Vendor (HMS) modifying PMS to accept and translate HIPAA transactions.				The State Healthy Families Program (HFP) was not ready to test the X.12 820 transaction with trading partners until spring 2005. HFP stated that the 820 electronic file they currently distribute is "materially compliant." The necessity for OMC to receive an X.12 820 transaction is settled and the need to generate an outbound 820 is still being investigated. OMC has completed custom programming modifications to its Patient Management System (PMS) that allows it to receive and process the inbound 820 transaction, but has reached a point where they can make little progress without more information from the State. OMC will convert the 820 transaction file received from HFP to a flat file that will be sent to OMC Finance, thus mitigating any negative impact on OMC Finance or County Treasurer and Tax Collector (TTC) operations. In the interim, DHS will continue to process transactions in pre-HIPAA format. No negative impact on business processes or revenue flow is anticipated.
	Eligibility Inquiry & Response (270/271)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive a 270 and return a 271. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; and those that are interested do not meet the OMC's minimum trading partner requirements. Hence, there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
	Claim Status Summary (276/277)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive a 276 and send a 277. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence, there has been no testing with trading partners. No negative impact on business processes or revenue has occurred.
	Health Care Service Review (278)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive and send a 278. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue has occurred.
	NCPDP	Pharmacy Benefit Management Contractor				Contractor (PCN) is responsible for HIPAA compliance of NCPDP transactions.

Los Angeles County  
Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS California Children's Services	Health Care Claim (837) Outbound	In-house development of 837 transaction output				Completed. Process is now routine.
	Health Care Claim (837) Inbound	Paper				No change to existing process.
	Remittance Advice (835)	Vendor (EDS) supplied via website				Completed. Process is now routine.
	NCPDP	Paper				No change to existing process.
DMH Department of Mental Health	Health Care Claim (837)	Integrated System - Wrapper of MHMIS and FFS (EDS)				The Health Care Claim (837) is in production use, however one Short-Doyle legal entity, three DHS hospitals and FFS Phase 2 providers still send claims to the State in legacy format. Effective July 1, 2006 all FFS2 providers began sending HIPAA compliant claims to DMH. We expect the remaining SD/MC providers will all be transitioned to the IS by February 2007.
	Health Care Enrollment and Disenrollment (834)	Integrated System - Wrapper of MHMIS and FFS (EDS)				No change from the last report. DMH began using the Integrated System (IS) to exchange the X.12 834 HIPAA transaction with Fee-for-Service Network Providers on November 24, 2003. DMH began using the Integrated System (IS) to exchange the X.12 834 HIPAA transaction with Short-Doyle providers on February 9, 2004.
	Remittance Advice (835) Inbound	Integrated System - Wrapper of MHMIS and FFS (EDS)				The State is now sending HIPAA compliant remittance advice transactions to DMH and they are being processed in the IS.
	Remittance Advice (835) Outbound	Integrated System - Wrapper of MHMIS and FFS (EDS)				DMH is current with the notification of 835 transactions. With the implementation of the HIPAA compliant 837 transaction for FFS providers in August 2006, we anticipate full compliance for the outbound 835 transaction by October 2006, with the exception of the three DHS hospitals and Pacific Clinics who will all be off of the legacy MHMIS by January 2007.
	Eligibility Inquiry & Response (270/271)	Integrated System - Wrapper of MHMIS and FFS (EDS)				DMH is sending production HIPAA compliant 270 transactions to the State and receiving 271 transactions from the State. NHIC, the fiscal intermediary for Medicare, does not support the HIPAA compliant 270/271 transaction.
	Authorization (278)	Integrated System - Wrapper of MHMIS and FFS (EDS)				No change from last report. The Integrated System began processing X.12 278 transactions internally with Fee-for-Service network providers on November 24, 2003. State Medi-Cal still does not support compliant authorization transactions. DMH will continue to process transactions in a pre-HIPAA format with the State in the meantime. While this transaction is in production use, its status is "yellow" because of the limited number of trading partners involved at this time and the limited manner in which it is used.
	Health Care Claim Status Summary (276/277)	Integrated System - Administrative Transactions				No change from last report. DMH is presently offering the 276 and 277 X.12 transactions to Fee-for-Service network providers and Short-Doyle contract providers who are sending HIPAA compliant claims via EDI, but it is not a transaction currently used. State Medi-Cal will not support compliant status reporting transactions this year.
	NCPDP	Integrated System - Wrapper of MHMIS				No change from last report. The HIPAA-compliant NCPDP transaction became available for production use on February 9, 2004. No pharmacy providers tested or used the IS pharmacy functionality in production. Changes to the Pharmacy IS Deployment Plan have been identified, but not formally documented. Because the IS does not support NCPDP functionality and DMH contract pharmacists refused to use it, the documentation effort is on hold. This is expected to have no negative impact on pharmacy providers.

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

















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## STATUS BY HIPAA SECURITY RULE STANDARD

ADMINISTRATIVE SAFEGUARDS						
Standards	Description	County Covered Components				Status
		DHS	DMH	LASD	Kirby	
Security Management Process 164.308(a)(1)	Implement processes and procedures to manage HIPAA Security including risk analysis and remediation.					The initial risk analysis is complete and remediation efforts are in process. All of the covered entities have submitted remediation plans with progress steps noted. DMH has identified systems and uses automated tools to review.
Assigned Security Responsibility 164.308(a)(2)	Identify a security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.					The County has appointed a Chief Information Security Officer with responsibility for HIPAA security implementation. The covered components have also appointed departmental security officers, whose duties include overseeing these processes within their respective organizations.
Workforce Security 164.308(a)(2)	Implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information and to prevent those workforce members who do not have access from obtaining access to electronic protected health information.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. Each of the covered components is developing the procedures. DMH's compliance requires the development of an approval form.
Information Access Management 164.308(a)(4)	Implement policies and procedures for authorizing access to electronic protected health information.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. Procedure development is in process. DMH has completed their policies addressing access to electronic protected health information.
Security Awareness and Training 106.308(a)(5)	Implement a security awareness and training program for all members of its workforce (including management).					Initial security awareness training has been completed for all of the covered components. Awareness training programs have been developed to train all new staff and to augment that training for all staff related to policy requirements.
Security Incident Procedures 106.308(a)(6)	Implement policies and procedures to address security incidents.					This particular standard does not apply to Probation Department's Kirby Center, which relies on systems that are owned and maintained by DMH who has completed detailed incident response procedures.
Contingency Plan 106.308(a)(7)	Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (e.g., fire, vandalism, system failure, and natural disaster) that damages systems					Contingency planning is in process for all of the covered components, but has not been completed or tested. Application criticality analyses have not been started for any of the covered components. Probation Department's Kirby Center, which relies on systems that are owned and maintained by DMH, is required to develop an Emergency Mode of Operations Plan.



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## STATUS BY HIPAA SECURITY RULE STANDARD

ADMINISTRATIVE SAFEGUARDS						
Standards	Description	County Covered Components				Status
		DHS	DMH	LASD	Kirby	
	that contain electronic protected health information.					
Evaluation 164.308(a)(8)	Perform a periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of electronic protected health information.					The evaluation process is an ongoing task that is required as part of being HIPAA compliant. Timing of activities within this standard is dependent on system changes that may affect the risk to electronic protected health information over time. DHS and DMH have implemented vulnerability assessment software that periodically scans systems to help discover and repair problems.
Business Associate Contracts and Other Arrangement 164.308(b)(1)	Written contract or other arrangement (Memorandum of Understanding) between covered entity and its business associate representing that the business associate is in compliance with HIPAA Security Rule safeguards.					All of the 386 Business Associate (BA) agreements and 19 Memorandums of Understanding (MOU) have been completed. This process will be ongoing as organizations develop new BA relationships and as other departments need to interact with EPHI from the covered entities.



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## STATUS BY HIPAA SECURITY RULE STANDARD

PHYSICAL SAFEGUARDS						
Standards	Description	County Covered Components				Status
		DHS	DMH	LASD	Kirby	
Facility Access Controls 164.310(a)(1)	Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.					Facility access policies have been developed and implemented. However, all of the covered components must develop facility security plans and procedures to document maintenance records for facility security systems. These procedures are still under development.
Workstation Use 164.310(c)	Procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access electronic protected health information.					Item has been completed.
Workstation Security 164.310(c)	Implement physical safeguards for all workstations that access electronic protected health information, to restrict access to authorized users.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. The procedures development is in process. DMH prevents EPHI from being stored on the workstation.
Device and Media Controls 164.310(d)(1)	Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. Development of those procedures is in process.



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## STATUS BY HIPAA SECURITY RULE STANDARD

TECHNICAL SAFEGUARDS						
Standards	Description	County Covered Components				Status
		DHS	DMH	LASD	Kirby	
Access Control 164.312(b)	Implement technical policies and procedures for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights.					The Fox risk analysis stated that policies and procedures that have been implemented must now be implemented through detailed procedures. DMH requires approval forms to grant access.
Audit Controls 164.312(b)	Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.					The covered components have developed policies, but have not implemented audit controls on all systems that provide reports on access attempts that are reviewed periodically. Probation's Kirby Center relies on systems that are owned and maintained by the Department of Mental Health who is in the process of developing and maintaining audit trails on their systems. DMH audit logs are in place.
Integrity 164.312(c)(1)	Implement electronic mechanisms to corroborate that electronic protected health information has not been altered or destroyed in an unauthorized manner.					Sheriff's Pharmacy function has developed policies, but procedures must still be written and implemented.
Person or Entity Authentication 164.312(d)	Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed.					Sheriff's Pharmacy function has developed policies, but procedures must still be written and implemented.
Transmission Security 164.312(e)(1)	Implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.					All of the covered components have developed policies to require encryption of sensitive data. However, no specific solutions have been implemented. E-mail transmissions are being addressed with a proposed acquisition of an e-mail security system.

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